

UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

IN RE: NEW ENGLAND )  
COMPOUNDING PHARMACY, INC. ) MDL No. 2419  
PRODUCTS LIABILITY LITIGATION ) Dkt. No. 1:13-md-2419-RWZ  
\_\_\_\_\_ )

This Document Relates to Suits Naming: )

Saint Thomas Outpatient Neurosurgical )  
Center, LLC )

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**AFFIDAVIT OF JOHN W. CULCLASURE, MD**

STATE OF TENNESSEE )  
COUNTY OF DAVIDSON )

Comes John W. Culclasure, MD, after first being duly sworn, and states as follows:

1. I am over 18 years of age, have personal knowledge of the facts contained herein, and am competent to testify to same.

2. I am currently a licensed anesthesiologist, and I was licensed during all times relevant hereto.

3. I am currently the Medical Director at Saint Thomas Outpatient Neurosurgical Center ("STOPNC"), and I was the Medical Director at STOPNC, at all times relevant hereto.

4. STOPNC is currently licensed as an ambulatory surgery center and accredited by the Joint Commission, and it was licensed as an ambulatory surgery center and accredited by the Joint Commission during all times relevant hereto.

5. STOPNC performs the following procedures to treat its patients' pain: steroid injections, radiofrequency ablations (denervations), spinal cord stimulator trials, diagnostic facet joint injections, hardware blocks, and nerve root blocks. The same was true in 2012.

6. STOPNC procured methylprednisolone acetate ("MPA") from the New England Compounding Center ("NECC") for use by physicians in steroid injections. STOPNC paid \$6.50 for each one milliliter vial containing 80 milligrams of MPA.<sup>1</sup>

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<sup>1</sup> See invoice from NECC attached as Exhibit 1.

7. At STOPNC, the Plaintiffs underwent epidural steroid injection procedures performed by a licensed anesthesiologist following a diagnosis of, and as treatment and care for, pain related to spinal nerves, intervertebral discs, and facet joints. I personally performed many of the Plaintiffs' steroid injection procedures.<sup>2</sup>

8. For example, Plaintiff Mae Parman was referred to STOPNC for epidural steroid injections to treat back, hip, and leg pain, believed to have been caused by lumbar stenosis.<sup>3</sup>

9. Prior to undergoing epidural steroid injection procedures at STOPNC, the Plaintiffs signed a consent form.<sup>4</sup>

10. I charged the Plaintiffs and/or their insurers a physician fee for my professional services during the epidural steroid injection procedures. Howell Allen Clinic, my employer, submitted a bill for this fee to the Plaintiffs or their insurers.<sup>5</sup>

11. STOPNC charged the Plaintiffs and/or their insurers a facility fee of approximately \$1,034,<sup>6</sup> which was a single, global fee for the steroid injections that covered all aspects of the procedure furnished by STOPNC, including:

- a. A licensed registered nurse to assess the patient's condition prior to the procedure, assess the patient's condition post-procedure, and discharge the patient
- b. A licensed practical nurse, certified medical assistant, or a certified radiology technician to assist the physician in performing the procedure
- c. Use of STOPNC's facility, including a patient room (pre and post-procedure) and an operating room
- d. Use of STOPNC's equipment, including (1) a fluoroscopy (x-ray) machine to provide the physician with a real-time view of the patient's spine to help the physician ensure the medication was being administered in the epidural space and (2) equipment to monitor the patient's vital signs
- e. The medications administered during the procedure, including the steroid, contrast dye, saline, and local anesthetic
- f. The medical supplies used during the procedure, including latex gloves

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<sup>2</sup> See, e.g., excerpts from Plaintiff Mae Parman's STOPNC medical records attached as Exhibit 2 (Case No. 1:13-cv-12433).

<sup>3</sup> See, e.g., excerpts from Plaintiff Mae Parman's Howell Allen medical records attached as Exhibit 3.

<sup>4</sup> See, e.g., consent form signed by Plaintiff Mae Parman attached as Exhibit 4.

<sup>5</sup> See, e.g., excerpts from Plaintiff Mae Parman's Howell Allen billing records attached as Exhibit 5.

<sup>6</sup> The charge varied somewhat based on the precise type of injection procedure performed.

g. Administrative services such as recordkeeping, billing, and scheduling.<sup>7</sup>

12. I typically administer 80 mg of MPA (a single vial) to patients during epidural steroid injections. However, for some patients, I administer 120 mg (a vial and a half) during their procedures. The same was true in 2012.<sup>8</sup>

13. STOPNC's charge for the procedure remains the same regardless of the number of vials of MPA administered.<sup>9</sup>

14. If some MPA remained in a vial, such as when I used 120 mg of MPA (a vial and a half), the remainder was destroyed.

15. During a radiofrequency ablation, the nerve supply to painful joints is cut by the heat generated at the tip of the needle, providing pain relief.

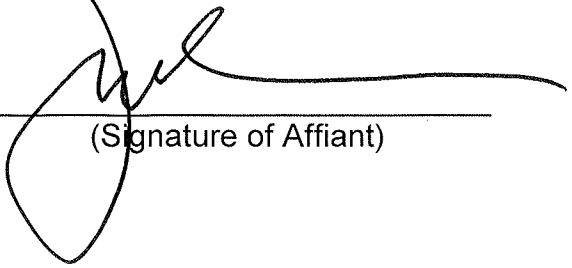
16. Radiofrequency ablations do not rely on medication to provide pain relief.

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<sup>7</sup> See, e.g., excerpts from Plaintiff Mae Parman's STOPNC billing records attached as Exhibit 6.


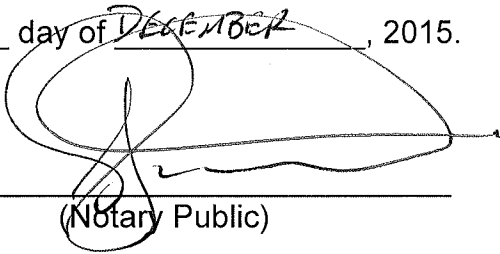
<sup>8</sup> See, e.g., excerpts from Plaintiff Mae Parman's STOPNC medical records attached as Exhibit 2.

<sup>9</sup> Compare STOPNC's bill and corresponding medical record for Mae Parman's July 30, 2012 procedure (showing that 80 mg of MPA was administered) with STOPNC's bill and corresponding medical record for Mae Parman's August 20, 2012 procedure (showing that 120 mg of MPA was administered, with no change to STOPNC's charge).

  
\_\_\_\_\_  
(Signature of Affiant)

STATE OF TENNESSEE       )  
  )  
COUNTY OF DAVIDSON       )

Sworn to and subscribed by me on this 3<sup>rd</sup> day of DECEMBER, 2015.

  
  
\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_

# EXHIBIT 1

NECC Invoice



New England Compounding Center, Inc.  
 PO Box 4146  
 Woburn, MA 01888-4146  
 Ph. 508-820-0606  
 Fx. 508-820-1616

# Invoice

Date	Invoice #
8/13/2012	225489

<b>Bill To</b>
ST. THOMAS OUTPATIENT NEUROSURGICAL 4230 HARDING ROAD, SUITE 901 NASHVILLE, TN 37205 ATTN: MARLESE ALLEN

<b>Ship To</b>
ST. THOMAS OUTPATIENT NEUROSURGICAL 4230 HARDING ROAD, SUITE 901 NASHVILLE, TN 37205 ATTN: DEBRA SCHAMBURG

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Account#
SC 8-10-12	Net 30	MG-S	8/13/2012	FEDEX		
Quantity	Item Code	Description			Price Each	Amount
500	METHYL 80/1 PF	METHYLPREDNISOLONE ACETATE (PF) 80			6.50	3,250.00
1	Shipping Charges	MG/ML INJECTABLE, 1 ML			20.00	20.00
8-14-12 <i>[Signature]</i>						
8-17-12 ds						

!!!THANK YOU FOR YOUR ORDER!!!

\*\*\*PLEASE PLACE INVOICE NUMBER ON PAYMENT\*\*\*

**Total** \$3,270.00

**Credits** \$0.00

**Balance Due** \$3,270.00

STOPNC\_0025

# EXHIBIT 2

Excerpts from Plaintiff Mae Parman's  
STOPNC medical records  
(Case No. 1:13-cv-12433)



Sept 2000 Revision One

# **ANESTHESIA RECORD** **StThomas Outpatient Neurosurgical Center**

 PAGE: 1 of 1  
 REVISIONS: 0

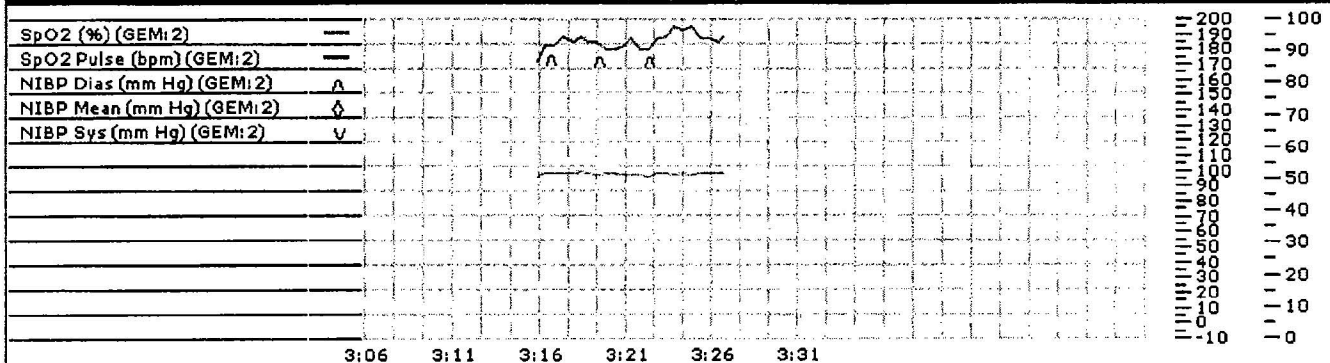
Anesthetist	ASA #	Surgery Date	Patient Name			Weight	Social Security Numb
	Location	Time Printed	Age	D.O.B.	Sex	Height	Medical Record #
Anesthesiologist	Pain ...	7/30/2012 3:29 PM	82 Years	1/22/1930	Female		SC28239
Culclasure, M.D., John W M.D. 0006 3:05 PM	Anesthesia Methods		Diagnosis			Code(s)	
			Lumbar Radiculopathy Lumbar spinal Stenosis				
Surgeon	Start	Stop	Total	Procedure(s)			Code(s)
	Anes			Lumbar Translaminar ESI Fluoroscopy			
	Surg						

3:06 3:11 3:16 3:21 3:26 3:31 TOTALS

EVENTS 1 - 4 5 - 9 10 - 12 13

**EVENT MILESTONES:**

Physiological Graph



1 3:06 PM	Start of Printed Anesthesia Record	10 3:16 PM	17g Touhey needle to epidural space using saline "loss of resistance" technique. Aspiration negative. No paresthesia. (Unless noted otherwise.): Confirmed epidural location w 2-3 ml Omnipaque 300. CORRECTION: 20 g epidural needle
2 3:07 PM	Intraoperative assistant	11 3:17 PM	Methylprednisolone acetate 80 mg + 5 ml preservative-free normal saline. Rate of injection adjusted for patient's comfort.
3 3:07 PM	Times assigned to procedure sequence are an artifact of the software.	12 3:18 PM	Patient tolerated the procedure well. No complications (unless noted otherwise.): Fluoro 3 sec
4 3:08 PM	NIBP, O2 sat. monitors applied.	13 3:29 PM	End of Printed Anesthesia Record
5 3:12 PM	Patient identity and site of planned procedure confirmed.: <gretah - 7/30/2012 3:06 PM>		
6 3:13 PM	Patient placed prone. Skin prepped with povidone iodine (unless noted otherwise). Aseptic technique.: Betadine x 3. Allowed to dry. Mask on.		
7 3:13 PM	TIME OUT/ PROCEDURE VERIFICATION Immediately prior to procedure according to policy: <gretah - 7/30/2012 3:06 PM>		
8 3:14 PM	C-arm fluoroscopy used to identify interlaminar space and level for injection.: L4/5		
9 3:15 PM	1% lido skin wheal raised with 25g needle.		

Signature:

Date:

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Sept 2000 Revision One <b>INTRA-OP SUMMARY - StThomas Outpatient Neurosurgical Center</b>										PAGE: 1 of 1 REVISIONS: 0	
Anesthetist	ASA #	Surgery Date		Patient Name			Weight	Social Security Num			
	Location	Time Printed		Age	D.O.B.	Sex	Height	Medical Record #			
Anesthesiologist		Anesthesia Methods		Diagnosis					Code(s)		
Cutclasure, M.D., John W M.D. 0006 3:05 PM				Lumbar Radiculopathy Lumbar spinal Stenosis							
Surgeon		Start	Stop	Total	Procedure(s)					Code(s)	
	Anes				Lumbar Translaminar ESI						
	Surg				Fluoroscopy						
<b>Events</b>											
Date/Time	Description	Remarks							Signature		
07/30 3:06 PM	Start of Printed Anesthesia Record										
07/30 3:07 PM	Intraoperative assistant:										
07/30 3:07 PM	Times assigned to procedure sequence are an artifact of the software.										
07/30 3:08 PM	NIBP, O2 sat. monitors applied.										
07/30 3:12 PM	Patient identity and site of planned procedure confirmed.								gretah	3:06 PM	
07/30 3:13 PM	Patient placed prone. Skin prepped with povidone iodine (unless noted otherwise). Aseptic technique.	Betadine x 3. Allowed to dry. Mask on.									
07/30 3:13 PM	TIME OUT/ PROCEDURE VERIFICATION immediately prior to procedure according to policy								gretah	3:06 PM	
07/30 3:14 PM	C-arm fluoroscopy used to identify interlaminar space and level for injection.	L4/5									
07/30 3:15 PM	1% lido skin wheal raised with 25g needle.										
07/30 3:16 PM	17g Touhey needle to epidural space using saline "loss of resistance" technique. Aspiration negative. No paresthesia. (Unless noted otherwise.)	Confirmed epidural location w 2-3 ml Omnipaque 300. CORRECTION: 20 g. epidural needle									
07/30 3:17 PM	Methylprednisolone acetate 80 mg + 5 ml preservative-free normal saline. Rate of injection adjusted for patient's comfort.										
07/30 3:18 PM	Patient tolerated the procedure well. No complications (unless noted otherwise).	Fluoro 3 sec									
07/30 3:29 PM	End of Printed Anesthesia Record										

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Sept 2000 Revision One

**ANESTHESIA RECORD****StThomas Outpatient Neurosurgical Center**PAGE: 1 of 1  
REVISIONS: 0

Anesthetist	ASA #	Surgery Date	Patient Name			Weight	Social Security Numb
	Location Pain ...	Time Printed	Age	D.O.B.	Sex	Height	Medical Record #
Anesthesiologist		8/20/2012	PARMAN, MAE				
Culclasure, M.D., John W M.D. 0006 12:54 PM		8/20/2012 1:17 PM	82 Years	1/22/1930	Female		SC28239
Surgeon	Anesthesia Methods			Diagnosis			Code(s)
		Start	Stop	Lumbar radiculopathy/spinal stenosis			
	Anes			Procedure(s)			Code(s)
	Surg			Fluoroscopy			
				Lumbar Translaminar ESI			

12:55 1:10 1:25

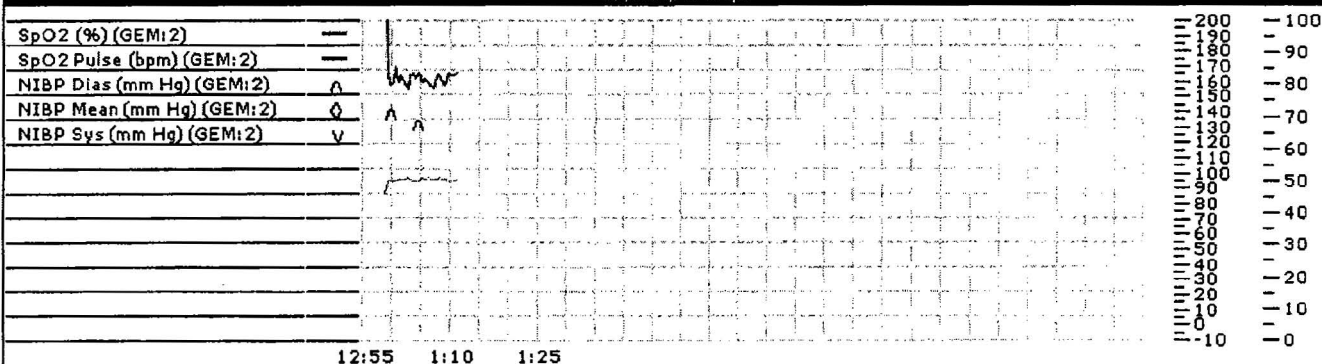
TOTALS

EVENTS

1 - 13 14

## EVENT MILESTONES:

▼ Physiological Graph ▼



12:55 1:10 1:25

1 12:55 PM	Start of Printed Anesthesia Record	10 1:05 PM	17g Touhey needle to epidural space using saline "loss of resistance" technique. Aspiration negative. No paresthesia. (Unless noted otherwise.): Confirmed epidural location with 2-3 ml Omnipaque 300. CORRECTION: 20 g epidural needle
2 12:56 PM	Intraoperative assistant	11 1:06 PM	Methylprednisolone acetate 120 mg + 5 ml PFNS.
3 12:56 PM	Times assigned to procedure sequence are an artifact of the software.	12 1:07 PM	Patient tolerated the procedure well. No complications (unless noted otherwise.): Fluoro 14 sec
4 12:57 PM	NIBP, O2 sat. monitors applied.	13 1:08 PM	Record has been electronically signed: <arta - 8/20/2012 12:55 PM>
5 1:01 PM	Patient identity and site of planned procedure confirmed.: <arta - 8/20/2012 12:55 PM>	14 1:17 PM	End of Printed Anesthesia Record
6 1:02 PM	TIME OUT/ PROCEDURE VERIFICATION Immediately prior to procedure according to policy: <arta - 8/20/2012 12:55 PM>		
7 1:02 PM	Patient placed prone. Skin prepped with povidone iodine (unless noted otherwise). Aseptic technique.: Betadine x 3. Allowed to dry. Mask on.		
8 1:03 PM	C-arm fluoroscopy used to identify interlaminar space and level for injection.: L4/5 left		
9 1:04 PM	1% lido skin wheal raised with 25g needle.		

Signature:

Date:

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Sept 2000 Revision One										INTRA-OP SUMMARY - StThomas Outpatient Neurosurgical Center										PAGE: 1 of 1 REVISIONS: 0	
Anesthetist		ASA #		Surgery Date		Patient Name				Weight		Social Security Numb									
		Location		Time Printed		Age		D.O.B.		Sex		Height		Medical Record #							
Anesthesiologist		Culclasure, M.D., John W M.D. 0006 12:54 PM		Anesthesia Methods				Diagnosis				Code(s)									
Surgeon				Start		Stop		Total		Procedure(s)				Code(s)							
		Anes								Fluoroscopy											
		Surg								Lumbar Translaminar EST											
Events																					
Date/Time		Description						Remarks						Signature							
08/20 12:55 PM		Start of Printed Anesthesia Record																			
08/20 12:56 PM		Intraoperative assistant																			
08/20 12:56 PM		Times assigned to procedure sequence are an artifact of the software.																			
08/20 12:57 PM		NIBP, O2 sat. monitors applied.																			
08/20 1:01 PM		Patient identity and site of planned procedure confirmed.												arta 12:55 PM							
08/20 1:02 PM		TIME OUT/ PROCEDURE VERIFICATION immediately prior to procedure according to policy												arta 12:55 PM							
08/20 1:02 PM		Patient placed prone. Skin prepped with povidone iodine (unless noted otherwise). Aseptic technique.						Betadine x 3. Allowed to dry. Mask on.													
08/20 1:03 PM		C-arm fluoroscopy used to identify interlaminar space and level for injection.						L4/5 left													
08/20 1:04 PM		1% lido skin wheal raised with 25g needle.																			
08/20 1:05 PM		17g Touhey needle to epidural space using saline "loss of resistance" technique. Aspiration negative. No paresthesia. (Unless noted otherwise.)						Confirmed epidural location with 2-3 ml Omnipaque 300. CORRECTION: 20 g epidural needle													
08/20 1:06 PM		Methylprednisolone acetate 120 mg + 5 ml PFNS.																			
08/20 1:07 PM		Patient tolerated the procedure well. No complications (unless noted otherwise).						Fluoro 14 sec													
08/20 1:08 PM		Record has been electronically signed												arta 12:55 PM							
08/20 1:17 PM		End of Printed Anesthesia Record																			

# EXHIBIT 3

Excerpts from Plaintiff Mae Parman's  
Howell Allen medical records  
(Case No. 1:13-cv-12433)



Howell | Allen

The brain and spine specialists

2011 Murphy Ave., Suite 301, Nashville TN 37203

(615) 327-9543 (800) 668-9410

Fax: (615) 327-8471 Web: [www.howellallen.com](http://www.howellallen.com)

Provider Everette I. Howell Jr. MD

Patient: Parman, Mae L.

DOB 1/22/1930

MRN 334142

DATE OF SERVICE: 06/18/12

Mae Parman is seen in the office today and now is retired. She continues to have pain in her back and increasing pain in the hip and down to the left leg. She has had an X-stop and still is limited in her activity.

In July 2010 she had an extensive operation for a hiatal hernia and so there is question about whether she can take any nonsteroidals.

Today her temperature is 97.9, blood pressure 151/84, pulse is 77. She gives a cogent history. She has full range of motion of her neck. She has no upper extremity numbness or weakness. She has diminished range of motion of her back with spasm. She walks on heels or toes with a positive Lasegue bilaterally.

IMPRESSION: Symptomatic lumbar stenosis, history of hiatal hernia repair with partial gastrectomy.

I have asked her to have an MRI scan of the lumbar spine and will see her back in the office to go over the study. While she may not be able to take nonsteroidals an epidural may be a reasonable option.

EIH / 10053/ghw/rcd

Letter to Deepinder S. Bal, M.D. dated 06/21/12.

Electronically signed by: Everette I. Howell, M.D. on 6/21/2012



## Progress Note

<b>Patient Name:</b>	Mae Parman	<b>Visit Date:</b>	June 18, 2012
<b>Patient ID:</b>	334142	<b>Provider:</b>	Everette I. Howell, Jr. MD
<b>Sex:</b>	Female	<b>Location:</b>	BNT Howell Allen Clinic
<b>Birthdate:</b>	January 22, 1930	<b>Location Address:</b>	2011 Murphy Avenue Suite 301 Nashville, TN 372032023
		<b>Location Phone:</b>	(615) 327-9543

### Assessment

- Spinal stenosis, unspecified region 724.00

### Plan

#### Orders

- MRI Lumbar Spine w/out HAC APPT WITH EIH TO FOLLOW @ 10 (72148) - 724.00 - 07/09/2012

#### Instructions

- Ordered MRI APPT 7-9-12 @ 8:30 ARRIVAL 8:00 AM

#### Disposition

- Patient scheduled to see Dr. Howell

**Electronically Signed by:** Fayrene Rader, -Author on July 5, 2012 08:16:27 AM



Howell | Allen

The brain and spine specialists

2011 Murphy Ave., Suite 301, Nashville TN 37203

(615) 327-9543 (800) 668-9410

Fax: (615) 327-8471 Web: [www.howellallen.com](http://www.howellallen.com)

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Provider Everett I. Howell Jr. MD

Patient: Parman, Mae L.

DOB 1/22/1930

MRN 334142

DATE OF SERVICE: 07/09/12

Ms. Mae L. Parman was seen in the office on 07/09/12. There has been no change in her exam. I have gone over her study with her. This does show that she has marked stenosis at L3-4 and L4-5. I do think she will require an operation for this. Since she has had a prior procedure, she would need an open procedure. She is not ready to consider this and so may benefit from an epidural.

She is to decide how she wishes to proceed.

I have gone over her study with her and have given her a copy of the report. She will call me back and let me know.

EIH / 10053/swm

cc: Deepinder S. Bal, MD and Ms. Mae L. Parman with letter 07/11/12

Electronically signed by: Everett I. Howell, M.D. on 7/11/2012



## Progress Note

**Patient Name:** Mae Parman  
**Patient ID:** 334142  
**Sex:** Female  
**Birthdate:** January 22, 1930

**Visit Date:** July 9, 2012  
**Provider:** Everette I. Howell, Jr. MD  
**Location:** BNT Howell Allen Clinic  
**Location Address:** 2011 Murphy Avenue Suite 301  
 Nashville, TN 372032023  
**Location Phone:** (615) 327-9543

### Vitals

Date	Time	BP	Position	Site	L\R	Cuff Size	HR	RR	TEMP(°F)	WT	HT	BMI kg/m <sup>2</sup>	BSA m <sup>2</sup>	O2 Sat	HC
07/09/2012	10:09 AM	156/88	Sitting				77 - R		98	155lbs 0oz	5' 6"	25.02	1.81		

### Assessment

- Lumbar Stenosis 724.02

### Plan

#### Orders

- Lumbar Epidural Steroid Injection X 2 (62311) - 724.02 - 07/11/2012

#### Instructions

- Will Call back
- Patient will be scheduled for Epidural Steroid Injections.

**Electronically Signed by:** Fayrene Rader, -Author on July 11, 2012 03:45:18 PM

# EXHIBIT 4

STOPNC consent form signed by  
Plaintiff Mae Parman  
(Case No. 1:13-cv-12433)

**ST. THOMAS OUTPATIENT NEUROSURGICAL CENTER  
NASHVILLE, TENNESSEE**

CONSENT TO OPERATION, ADMINISTRATION OF ANESTHETICS AND RENDERING OF OTHER MEDICAL SERVICE, INCLUDING CONSENT FOR TRANSFUSION(S) AND RELEASE OF

Patient's Name: Mae L. Parman

PARMAN, MAE L. 07/30/12  
SC28239  
01/22/1930  
DR. HOWELL

THIS PARAGRAPH AUTHORIZES THE SURGEON TO OPERATE:

1. I hereby authorize and direct John Culelase M.D. and associates or assistants of his choice to perform the following operation and any other procedure as he may deem necessary or advisable, on me, my child or ward: epidural steroid injection with fluoroscopy.
2. The basic procedures of my surgery and the advantages and disadvantages, risks and possible complications of alternative treatments have been explained to me by the doctor. Although it is impossible for the doctor to inform me of every possible complication that may occur, the doctor has answered all of my questions to my satisfaction. As with ALL types of surgery, there is the possibility of other complications due to anesthesia, drugs, reactions or other factors which may involve other parts of my body, including a possibility of brain damage or even death. Since it is impossible to state every complication that may occur as a result of surgery, the list of complications in this form is incomplete.
3. I hereby authorize and direct the above named surgeon to arrange for such additional services for me, as he may deem necessary or advisable, including but not limited to the administration and maintenance of anesthesia and the performance of services involving pathology and radiology, and I hereby consent thereto.
4. I hereby authorize a pathologist to use his discretion in the disposal of any severed tissue or member, except: none
5. I authorize the administration of transfusions of blood products to the above patient as may be deemed advisable in the judgement of the anesthesiologists, patient's attending physician, and/or his associates or assistants. I understand that blood transfusions are not always successful in producing a desirable result. I understand that despite the exercise of due care the transfusion of blood or blood products is always attended with a possibility of some ill effects such as the transmission of hepatitis, AIDS or certain other diseases, accidental immunization, or allergic reactions. I understand that emergencies do on occasion arise when it may be necessary for the patient's well being to use existing stocks of blood which may not include the most compatible blood types.
6. I/We hereby authorize all doctors, pharmacists, St. Thomas Outpatient Neurosurgical Center, or other institutions rendering care and treatment to furnish the responsible parties and/or insurance companies with full information regarding treatment rendered. (Including copies of their records)
7. I ACKNOWLEDGE that I have been advised by St. Thomas Outpatient Neurosurgical Center personnel that I should not drive until the effects of any medications that I receive have worn off. This means I understand I should not drive until the day after my operation, at the earliest.
8. I have not eaten or taken fluids, not even water, since N/A except for a sip of water taken with morning medication as instructed by the Surgery Center or my physician.
9. I hereby consent to the presence of no one (Name and Title) during my surgery for the sole purpose of observation for educational reasons. I understand that this individual(s) will not participate in the actual procedure under any circumstance.
10. I understand that it is my responsibility to arrange for a responsible adult to drive me home and to be with me for twenty-four (24) hours following my surgery.
11. I hereby consent to the use of video surveillance during my stay as well as video taping or photography of my surgery at my surgeon's discretion and release the St. Thomas Outpatient Neurosurgical Center from all liability from claims of any kind for the taking and use of these photographs or tapes.
12. I am aware that my physician or his practice does/does not have ownership interest in the St. Thomas Outpatient Neurosurgical Center. If I choose to go to another health care facility for this procedure, it will have no effect upon my relationship with my physician.
13. I release St. Thomas Outpatient Neurosurgical Center from ANY responsibility for loss and/or damage to money, jewelry or other valuables brought into the St. Thomas Outpatient Neurosurgical Center.

I AM STATING THAT I HAVE READ THIS CONSENT (OR IT HAS BEEN READ TO ME), AND I FULLY UNDERSTAND IT AND THE POSSIBLE RISKS, COMPLICATIONS AND BENEFITS THAT CAN RESULT FROM THE SURGERY. I ACCEPT ON BEHALF OF MYSELF AND/OR THIS PATIENT ALL OF THE ITEMS LISTED IN THESE PARAGRAPHS.

Time 1456 Patient Signature X Mae Parman  
 Date 7/20/12 Witness to Signature \_\_\_\_\_

If patient is a minor or unable to sign, complete the following:

\_\_\_\_ Patient is a minor      \_\_\_\_ Patient is unable to sign because \_\_\_\_\_

Father \_\_\_\_\_ Guardian \_\_\_\_\_

Mother \_\_\_\_\_ Witness to Signature \_\_\_\_\_

#### REQUEST FOR ADMINISTRATION OF ANESTHESIA

I understand that it will be necessary to be placed under anesthesia in order to perform the above described operation, and I consent to the use of anesthesia as deemed necessary and appropriate by my anesthesiologist, surgeon and nurse anesthetist with the EXCEPTION OF THE FOLLOWING KIND OF ANESTHESIA:

\_\_\_\_\_  
 Anesthesia involves risks in addition to the risks of the surgical procedure itself. These risks may include, but are not limited to, adverse drug reactions, brain damage, death, nerve injury, damage to teeth or dental work, damage to vocal cords, respiratory problems, minor pain and discomfort, damage to arteries or veins, headaches, backaches, or worsening of pre-existing disease(s). The purpose, necessity and risk of anesthesia have been explained to my satisfaction by \_\_\_\_\_, M.D. and there has been sufficient opportunity to discuss the proposed treatment and associated risk.

I DECLARE AND REPRESENT THAT I HAVE READ THE ABOVE AND UNDERSTAND IT IS TRUE. No guarantee or warranty has been made as to the result of the anesthetic procedures.

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Signature (of person authorized to consent)

\_\_\_\_\_  
 Date and Time

\_\_\_\_\_  
 Relationship to Patient

# EXHIBIT 5

Excerpts from Plaintiff Mae Parman's  
Howell Allen billing records  
(Case No. 1:13-cv-12433)

Parman, Mae L. [334142]  
P O Box 273  
Fairview, TN 37062

**Account Information Report**  
Include:All

Page: 2  
Date: 09/25/2013  
Time: 12:05:49 PM

Show: Unexpanded Details

P. 2/6

No. 5594

2013 12:08PM  
Sep. 25, 2013

Posting Date	Service Date	User	Description	Amount	Balance
10/18/2012	10/02/2012	CK	NC [0.00 x 1] Billable: Howell, Everette I. Jr. MD; Rendering: Howell, Everette I. Jr. MD Practice Location: BNT Howell Allen Clinic; Service Location: BNT Howell Allen Clinic; Referring: Bal, Deepinder S. MD [788.87] CoPay: \$0.00; Visit Type: Misc. Dictation; Visit ID: 150225; Stmt Recipient: Mae Parman Void	\$0.00	\$0.00
09/28/2012		NM	Insurance Payment [16.53] AARP; Check; Insurance Plan ID: 1564 Batch: 8515 BATCH 6	(\$16.53)	
09/05/2012		NM	Contractual Adjustment [482.33] Medicare; Insurance Plan ID: 1412 (ERA) Batch: 8199 501	(\$482.33)	
09/05/2012		NM	Insurance Payment [66.14] Medicare; Check; 886397683; Insurance Plan ID: 1412 (ERA) Batch: 8199 501	(\$66.14)	
09/04/2012		NM	Insurance Payment [16.53] AARP; Check; Insurance Plan ID: 1564 Batch: 8186 BATCH 16	(\$16.53)	
08/21/2012	08/20/2012	CJH	62311 [565.00 x 1] Billable: Culclasure, John W. MD; Rendering: Culclasure, John W. MD Practice Location: St Thomas Office; Service Location: St Thomas OP Neurosurgical CTR; Referring: Howell, Everette I. Jr. MD [724.4 724.02] CoPay: \$0.00; Visit Type: Procedure; Visit ID: 140093; Stmt Recipient: Mae Parman	\$565.00	\$0.00
08/17/2012		NM	Injection, single (not via indwelling catheter), not including n Contractual Adjustment [482.33] Medicare; Insurance Plan ID: 1412 (ERA) Batch: 7973 BATCH 1701	(\$482.33)	
08/17/2012		NM	Insurance Payment [66.14] Medicare; Check; 886308124; Insurance Plan ID: 1412 (ERA) Batch: 7973 BATCH 1701	(\$66.14)	
08/15/2012		NM	Insurance Payment [13.15] AARP; Check; Insurance Plan ID: 1564 Batch: 7947 BATCH 3	(\$13.15)	
08/15/2012		NM	Insurance Payment [74.59] AARP; Check; Insurance Plan ID: 1564 Batch: 7947 BATCH 3	(\$74.59)	
08/02/2012	07/30/2012	CJH	62311 [565.00 x 1] Billable: Culclasure, John W. MD; Rendering: Culclasure, John W. MD Practice Location: St Thomas Office; Service Location: St Thomas OP Neurosurgical CTR; Referring: Howell, Everette I. Jr. MD [724.4 724.02] CoPay: \$0.00; Visit Type: Procedure; Visit ID: 136235; Stmt Recipient: Mae Parman	\$565.00	\$0.00
07/25/2012		NM	Injection, single (not via indwelling catheter), not including n Contractual Adjustment [33.25] Medicare; Insurance Plan ID: 1412 (ERA) Batch: 7657 BATCH 2501	(\$33.25)	
07/25/2012		NM	Contractual Adjustment [945.03] Medicare; Insurance Plan ID: 1412 (ERA) Batch: 7657 BATCH 2501	(\$945.03)	
07/25/2012		NM	Insurance Payment [298.38] Medicare; Check; 886188941; Insurance Plan ID: 1412 (ERA) Batch: 7657 BATCH 2501	(\$298.38)	
07/25/2012		NM	Insurance Payment [52.60] Medicare; Check; 886188941; Insurance Plan ID: 1412 (ERA) Batch: 7657 BATCH 2501	(\$52.60)	
07/19/2012		NM	Insurance Payment [13.15] AARP; Check; 885985320; Insurance Plan ID: 1564 Batch: 7598 BATCH 7	(\$13.15)	

# EXHIBIT 6

Excerpts from Plaintiff Mae Parman's  
STOPNC billing records  
(Case No. 1:13-cv-12433)



MEDICAL OFFICE 615-341-7579  
 BUSINESS OFFICE 615-341-7579

ST THOMAS NEUROSURGICAL O/P CTR, LLC  
 P O BOX 305172 DEPT 16  
 NASHVILLE, TENNESSEE 37230-5172

LOCATION: ST THOMAS OP NEUROSURGICA PT-0066 PAGE: 1

MAE L FARMAN  
 P O BOX 273  
 FAIRVIEW TN 37062

BILLING DATE: 11/19/12  
 AMOUNT DUE : 0.00

BILL TO: FARMAN MAE CHART #: SC28239

DATE	POS	PROC	DESCRIPTION	CHARGES	CREDITS	BALANCE
			MAE			
			SAINT THOMAS OUTPT NEUROSURG			
07/30/12	62311		INJECTION SINGLE DIAGNOSTIC OR	1,034.00		1034.00
07/30/12			ADDITIONAL DIAGNOSIS	0.00		1034.00
08/02/12			MEDICARE # 981591 Filed			
08/20/12			AARP HEALTH CARE OPTIONS # 981592 Filed			
08/17/12			PAYMENT MEDICARE OF TENNEc# 981591		233.59-	800.41
08/17/12			Co-ins 58.40			
08/17/12			WRITE-OFF MEDICARE OF TENNEc# 981591		742.01-	58.40
			MAE			
			SAINT THOMAS OUTPT NEUROSURG			
08/20/12	62311		INJECTION SINGLE DIAGNOSTIC OR	1,034.00		1092.40
08/20/12			ADDITIONAL DIAGNOSIS	0.00		1092.40
08/21/12			MEDICARE # 985921 Filed			
09/13/12			AARP HEALTH CARE OPTIONS # 985922 Filed			
09/06/12			PMT AARP HEALTH CARE OPTIONc# 981592		58.40-	1034.00
09/12/12			PAYMENT MEDICARE OF TENNEc# 985921		233.59-	800.41
09/12/12			Co-ins 58.40			
09/12/12			WRITE-OFF MEDICARE OF TENNEc# 985921		742.01-	58.40
09/24/12			PMT AARP HEALTH CARE OPTIONc# 985922		58.40-	0.00

CURRENT/30-60 DAYS/60-90 DAYS/	>90 DAYS/	TOTAL	TOTAL DUE
0.00	0.00	0.00	0.00

ST THOMAS OP NEUROLOGICAL CENT  
 P.O. BOX 305172 DEPT16  
 NASHVILLE TN 37230-5172

LOCATION : ST THOMAS OP NEU

PHONE : 615 341 7579

REFERRING DOCTOR : HOWELL JR MD

ST THOMAS OF NEUROSURG ST THOMAS OF NEUROSURG Case 1:13-md-02419-RW Document 240-1 Filed 12/09/13 Page 24 of 25

4230 HARDING RD STE901 PO BOX 305172 DEPT 16 NASHVILLE TN 372052149 NASHVILLE TN 37230

6153279543

621802891 073012 073012

8 PATIENT NAME PARMAN MAE L 9 PATIENT ADDRESS P O BOX 273

10 BIRTHDATE 01221930 11 SEX F 12 DATE 01 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT 18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30

31 OCCURRENCE DATE 32 OCCURRENCE DATE 33 OCCURRENCE DATE 34 OCCURRENCE DATE 35 CODE 36 CODE 37

38 PARMAN MAE L P O BOX 273 FAIRVIEW TN 37062

39 CODE 40 CODE 41 CODE

42 REV. CD. 43 DESCRIPTION 44 HCPCS / RATE / HIPPS CODE 45 SERV. DATE 46 SERV. UNITS 47 TOTAL CHARGES 48 NON-COVERED CHARGES 49

490 INJECTION SINGLE DIAGNOS 62311 073012 1 103400

0001 PAGE 1 OF 1 CREATION DATE 080212 TOTALS 103400

50 PAYER NAME MEDICARE 51 HEALTH PLAN ID AARP HEALTH CARE OPTION 52 REL INFO Y 53 ASG BEN. Y 54 PRIOR PAYMENTS 55 EST AMOUNT DUE 56 NPI 1538139811 57 OTHER PRV ID

58 INSURED'S NAME PARMAN MAE L 59 PREL 18 60 INSURED'S UNIQUE ID 414129991D 61 GROUP NAME 62 INSURANCE GROUP NO. PLAN F

63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME

66 DX 7244 72402 68

69 ADMIT DX 7244 70 PATIENT REASON DX 71 PPS CODE 72 ECI 73

74 PRINCIPAL PROCEDURE CODE 03.92 75 OTHER PROCEDURE CODE 073012 76 ATTENDING NPI 1538139811 QUAL LAST OUTPT NEUROSURG FIRST SAINT THOMAS 77 OPERATING NPI QUAL LAST 78 OTHER NPI QUAL LAST 79 OTHER NPI QUAL LAST

80 REMARK MEDICARE P O BOX 12086 BIRMINGHAM AL 35202

81 CC a b c d

ST THOMAS OP NEUROSURGI ST THOMAS OP NEUROSURGI 0000985921 Case 1:13-md-02419-RW Document 246-1 Filed 12/03/15 Page 25 of 25

4230 HARDING RD STE901 PO BOX 305172 DEPT 16 NASHVILLE TN 372052149NASHVILLE TN 37230

6153279543 621802891 082012 082012

831

PARMAN MAE L FAIRVIEW TN 37062

01221930 F 01

PARMAN MAE L P O BOX 273 FAIRVIEW TN 37062

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
490	INJECTION SINGLE DIAGNOS	62311	082012	1	103400		

0001 PAGE 1 OF 1 CREATION DATE 082112 TOTALS 103400

50 PAYER NAME MEDICARE AARP HEALTH CARE OPTION

51 HEALTH PLAN ID

52 REL. INFO Y Y

53 ASG. BEN Y Y

54 PRIOR PAYMENTS

55 EST. AMOUNT DUE

56 NPI 1538139811

57 OTHER PRV ID

58 INSURED'S NAME PARMAN MAE L PARMAN MAE L

59 P. REL 18 18

60 INSURED'S UNIQUE ID 414129991D 32457329211

61 GROUP NAME

62 INSURANCE GROUP NO. PLAN F

63 TREATMENT AUTHORIZATION CODES

64 DOCUMENT CONTROL NUMBER

65 EMPLOYER NAME

66 DX 7244 72402

67

68

69 ADMIT DX 7244 70 PATIENT REASON DX

71 PPS CODE

72 ECI

73

74 PRINCIPAL PROCEDURE CODE 03.92 082012

75

76 ATTENDING NPI 1538139811 QUAL LAST OUTPT NEUROSURG FIRST SAINT THOMAS

77 OPERATING NPI QUAL LAST FIRST

78 OTHER NPI QUAL LAST FIRST

79 OTHER NPI QUAL LAST FIRST

80 REMARKS MEDICARE P O BOX 12086 BIRMINGHAM AL 35202

81 CC a b c d